

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) 02482/0203338-US0
Application Number	10/550,373-Conf. #7961	Filed June 28, 2006
For TUBULAR MOULD FOR CONTINUOUS CASTING		
Art Unit	1793	Examiner K. Y. Lin
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	Fee \$120      Small Entity Fee \$60      \$ 120.00
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$460      \$230      \$ _____
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1050      \$525      \$ _____
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1640      \$820      \$ _____
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2230      \$1115      \$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-0100</u> . I have enclosed a duplicate copy of this sheet. <b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>43,040</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 <u>                  </u>		
<u>/Kevin L. Reiner/</u> Signature		May 12, 2008 Date
<u>Kevin L. Reiner</u> Typed or printed name		(212) 527-7700 Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input type="checkbox"/>	Total of <u>1</u> forms are submitted.	